



**State of Utah**  
**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**ONLINE CONTRACT PHARMACY DRUG DISPENSING REQUEST/CHANGE**

*(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)*

<b>***Please list the <u>full legal name</u>***</b>			
Name of Pharmacy:			Pharmacy License Number:
Physical Address:			Tax ID (FEIN/ITIN):
City:			State: ZIP Code:
Phone #:	FAX #:	E-Mail:	

<b>Pharmacist In Charge</b> <i>(Use additional sheets if necessary.)</i>			
Last Name:		First Name:	Middle Name:
Controlled Substance License Number:		State of Licensure:	Pharmacist License Number:
Mailing Address:			
City:		State:	ZIP:
Phone #:		E-Mail:	

Please list all Drugs(s) to be <b>Added</b> , <b>Removed</b> , or to <b>Remain</b> .			
Added	Removed	Remain	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finasteride <i>(i.e. Propecia)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hormonal based contraception <i>(i.e. Ortho-cyclen)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sildenafil citrate <i>(i.e. Viagra)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tadalafil <i>(i.e. Cialis)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vardenafil hydrochlorid <i>(i.e. Levitra)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydroquinone up to 4% <i>(i.e. Tazorac Top)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tretinoin up to 0.1% <i>(i.e. Retin-A)</i>

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved/Denied: ____/____/____ by _____	
Reason for Denial/Other Comments: _____	
_____	

# ONLINE CONTRACT PHARMACY DRUG DEPRESNING REQUEST/CHANGE

<b>Application Checklist</b> <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	Complete all sections of the application.
<input type="checkbox"/>	Identify <b>ALL</b> drugs to be added, remain or be removed
<input type="checkbox"/>	If adding drug(s), submit copies of the branching questionnaire/assessment tool for questions pertaining to new medications.

1. **Address of Record:** The address you provide on this application will be your address of record. You are responsible to directly notify DOPL of any change to your address of record.
2. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
3. **Mail Complete Application to:**

***By U.S. Mail***

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

***By Delivery or Express Mail***

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

4. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah